

HOMETOWN NEWS RELEASE INFORMATION											
1. PAO CODE			PRINT OR TYPE - SEND ORIGINAL ONLY			FOR RELEASING PUBLIC AFFAIRS OFFICE USE ONLY					
						LEAVE "PAO CODE" BLANK					
2. YOUR SOCIAL SECURITY NUMBER (For identification only)			ALL FORMS MUST CONTAIN THE INDIVIDUAL'S SSN - IT IS FOR IDENTIFICATION PURPOSES AND IS NOT RELEASED TO MEDIA OUTLETS.								
1	2	3	4	5	6	7	8	9	0		
PRIVACY ACT STATEMENT											
AUTHORITY: 5 U.S.C. 301, 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only. ROUTINE USE: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE: Information collected on this form is released over your signature and is voluntary. If you have no objection to the information being released to hometown audiences, sign your name below. Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievements.											
3. BRANCH OF SERVICE			4. STATUS		5. RANK	6. PAY GRADE	7. FIRST NAME, MIDDLE INITIAL, LAST NAME			8. SEX	
X ARMY			X ACTIVE		SPC	E4	JOHN B. SOLDIER, JR.			M	
							9. EVENT (Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)				
							Won 2nd Infantry Division Soldier of the Quarter Board (2nd Qtr) 08 Feb 2002 (Event must include what soldier is being recognized for and the date. Attach a copy of the citation for awards.)				
10. YOUR LIVING PARENTS, STEPPARENTS, GUARDIANS, AUNT/UNCLE/GRANDPARENTS OR ADULT SIBLINGS											
a. (1) FIRST NAME, MIDDLE INITIAL, LAST NAME (Optional) John B. Soldier, Sr.						(2) RELATIONSHIP TO YOU Father (Or whatever family member designated.)					
(3) ADDRESS (Number and Street) 123 Little Street						(4) CITY Anywhere		(5) STATE AK		(6) ZIP CODE 91001	
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME Mary A. Soldier						(2) RELATIONSHIP TO YOU Mother					
(3) ADDRESS (Number and Street) Same as aboe (When it the same)						(4) CITY		(5) STATE		(6) ZIP CODE	
11. SPOUSE'S NAME (First, Middle, Initial, Last) (Optional, unless Block 10 is blank) Ann E. Soldier											
12. SPOUSE'S LIVING FATHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME (Optional)											
b. ADDRESS (Number and Street)						c. CITY		d. STATE		e. ZIP CODE	
13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME (Optional)											
b. ADDRESS (Number and Street)						c. CITY		d. STATE		e. ZIP CODE	
14.a. YOUR PRESENT UNIT OF ASSIGNMENT (Do not abbreviate) Headquarters, 2nd Infantry Division			b. POST OR BASE (Not APO) Camp Red Cloud			c. CITY Uijongbu			d. STATE OR COUNTRY South Korea		
15. DUTY MOS OR AFSC 11B10			16. PRESENT JOB TITLE (Full Title - Do not abbreviate) Infantryman - Rifle Team Leader						17. TOTAL YEARS MILITARY SERVICE 2		
18.a. HIGH SCHOOL GRADUATED FROM Anywhere High School			b. YEAR GRADUATED 1999		c. CITY Anywhere		d. STATE AK		e. ZIP CODE 91001		
19. COLLEGES GRADUATED FROM											
a. COMPLETE NAME			b. DEGREE		c. YEAR GRADUATED		d. CITY		e. STATE		f. ZIP CODE
20. REMARKS (Continue on back if necessary) Received perfect score on the Soldier of the Quarter Board. (This is where other information pertinent to the recognition is placed.)											
21. SIGNATURE OF PERSON LIVES ABOVE (Authorizing release of this information) (MUST BE SIGNED AND DATED. A phone number is necessary if there are any questions about information on the form.)						22. DATE (YYMMDD) 020210		23. DUTY PHONE (DSN or area code) (315) 731-1234			